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2021 JAN 28 AM 10:58

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Faouzi Abdul-Menehem Jabar

Write the full name of each plaintiff.

-against-

Christina Hanley

D.E.A.

20 CV 7347

(Include case number if one has been assigned)

**SECOND AMENDED
COMPLAINT**
(Prisoner)

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: False Affidavit caused loss.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Faouzi

First Name

A.M.

Middle Initial

Jabar

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

75840-054

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

F.C.C. Coleman - Medium

Current Place of Detention

846 NE 54TH TERRACE

Institutional Address

Sumter, Coleman
County, City

Florida
State

33521
Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced prisoner
- Other:

V. STATEMENT OF CLAIM

Place(s) of occurrence: Prague, Czech Republic
MAY
OR
Date(s) of occurrence: June, 2015

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

Due to DEA special Agent Christina Hantley's intentional false accusations to the Federal Court of Prague in an effort to get me extradited to the United States, I suffered great losses and I cannot recover them. Specifically, after Special Agents false claims that I was a terrorist; and I would be put in prison for life appeared on the internet in my country, Ivory Coast, West Africa, my Warehouses were raided and construction and industrial materials were stolen. My home was robbed and my bank accounts were emptied. My office building (4 floors) was also robbed and Jewelry I had for sale was stolen. People who were debt to me refused to pay. I lost everything. Also, when the DEA (Christina Hantley and other agents) came to take me back to the United States, my personal property that the Prague prison released to the agents; 1 gold and diamond Rolex watch; 1 gold and diamond Cartier watch; 1 gold and diamond bracelet; ~~and~~ 1 gold and

diamond necklace; 2 gold and diamond rings; 1 platinum and diamond solitaire ring (woman's); Financial documents, all went missing. I wished to reimbursed for it all.

MY PERSONAL PROPERTY WHO WAS WITH ME IN
PRISON OF PRAGUE. AND THE PROPERTY WHO WAS
IN SAFE WITH AGENTS OF PRISON. SO ALL MY
PERSONAL PROPERTY WHO WAS ON ME. AND THE DEAD
TAKE THEM THEY SAID IT IS NOT WITH THEM

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I wish to be reimbursed for the losses I suffered. In total I seek \$38,490,000. and 33,640,000 EURO. REFFERS TO MY JEWELLERY ONLY.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

1/20/21

Dated



Plaintiff's Signature

Faouzi

A.M.

Jaber

First Name

Middle Initial

Last Name

P.O. Box 1032

Prison Address

Sunter, Coleman

County, City

FL

33521

State

Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: _____

1-19-21

Faouzi Abdul-Mehem Jaber
Reg. No. 75840-054
FCC Coleman-Medium
P.O. Box 1032
Coleman, FL 33521-1032

Clerk of Court
United States District Court
Southern District of New York
U.S. Courthouse - 500 Pearl St.
New York, NY 10007

Re: Jaber v. Stanley, 20-cv-07347-LLS

Dear Clerk,

I received an Order of Dismissal ~~that~~ in my case that granted me leave to amend my complaint within 30 days of the date of the order, which was dated December 2, 2020. However, the institution I'm confined at did not deliver the order to me until January 5, 2021, 3 days after my deadline to amend. Therefore, I have included proof of when I received the order along with my amended complaint and ask that it be considered timely. Thank you.

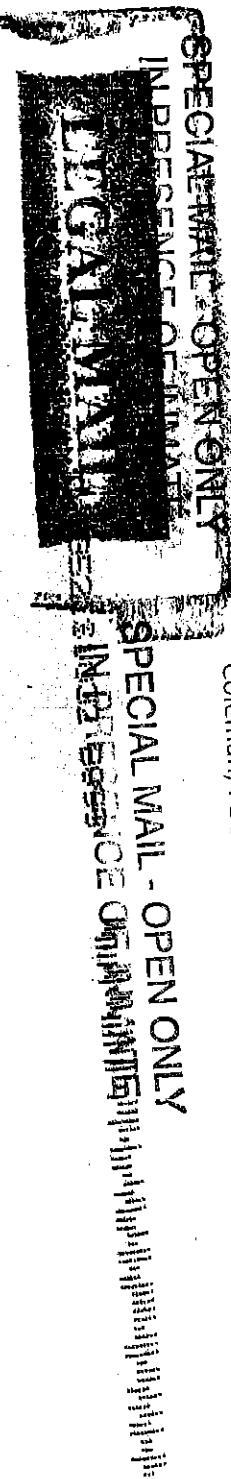
CLERK OF COURT
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
U.S. COURTHOUSE - 500 PEARL STREET
NEW YORK, NY 10007
OFFICIAL BUSINESS

first-class mail
12/11/2020
US POSTAGE \$00.65⁰
ZIP 10007
041L11231778

DOES NOT MEET
B.O.P. CRITERIA OF
SPECIAL MAIL HANDLING

Faouzi Abdul-Menhem Jaber

75840-054
Federal Correctional Complex-Medium
P.O. Box 1032
Coleman, FL 33521



Inmate received Mail on: 01-05-2021

Given by Unit Team

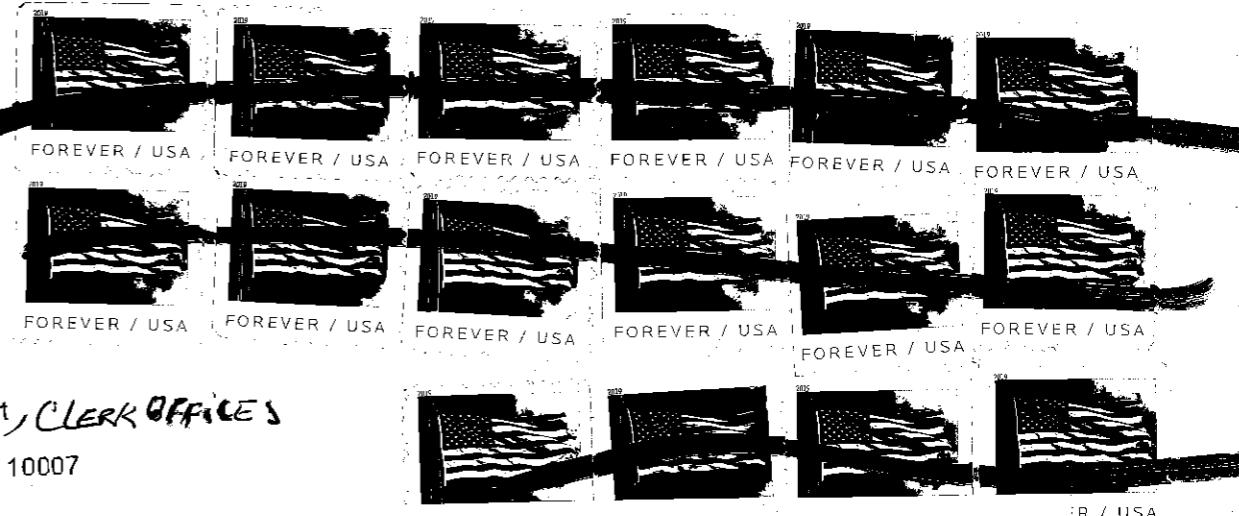
Unit Secretary: Jones

Above information is correct: 1-5-2021

⇒75840-054⇒

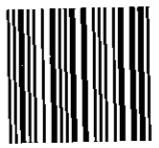
Jaber Faouzi
PO BOX 1032
FEDERAL CORRECTIONAL COMPLEX
Coleman, FL 33521
United States

MEEDIUM



⇒75840-054⇒

USA District Court, CLERK OFFICES
500 Pearl ST
NEW YORK, NY 10007
United States



U.S. POSTAGE PAID
FCM LG ENV
COLEMAN, FL
33521
JAN 22, 21
AMOUNT
\$0.00
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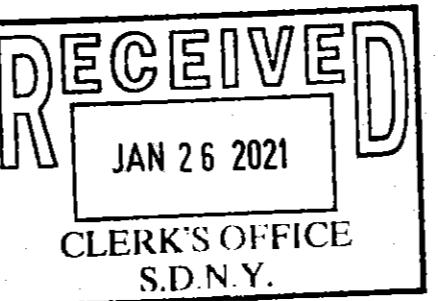
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LEGAL MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7019 2280 0001 0449 2447



USA District Court
clerk office
500 Pearl St
NY, NY 10007

Pro Se JKR

